

APPLICATION DATA SHEET

Application Information

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| Application Number:: | Not Yet Assigned |
| Filing Date:: | December 1, 2003 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Title:: | APPARATUS AND METHOD FOR USE IN FULFILLING ILLUMINATION PRESCRIPTION |
| Attorney Docket Number:: | 3084.005 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 14 |
| Total Drawing Sheets:: | 13 |
| Small Entity?:: | No |

Applicant Information

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|---|--------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship:: | US |
| Given Name:: | Yupin |
| Family Name:: | Sun |
| City of Residence:: | Yorba Linda |
| State or Province of Residence:: | California |
| Country of Residence:: | US |
| Street of mailing address:: | 20445 Via Canarias |
| City of mailing address:: | Yorba Linda |
| State or Province of mailing address:: | California |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 92887 |

Applicant Authority Type:: Inventor
Primary Citizenship:: US
Given Name:: Waqidi
Family Name:: Falicoff
City of Residence:: Newport Beach
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 1168 Campanile
City of mailing address:: Newport Beach
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92600

Applicant Authority Type:: Inventor
Primary Citizenship:: US
Given Name:: William
Middle Name:: A.
Family Name:: Parkyn
Name Suffix:: Jr.
City of Residence:: Lomita
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 25031 Neko Drive
City of mailing address:: Lomita
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 90717

Correspondence Information

Correspondence Customer Number:: 22242
Telephone Number:: (858) 552-1311
Fax Number:: (858) 552-0095

Representativ Information

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|---------------------------------|-------|
| Representative Customer Number: | 22242 |
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Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/319,747 | 12/02/2002 |

Assignee Information

Assignee name:: Light Prescriptions Innovators, LLC
Street of mailing address:: 16662 Hale Avenue
City of mailing address:: Irvine
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92606